



ISSUE 4

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Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

**Arizona Department of Economic Security
Division of Developmental Disabilities
PROGRAM MONITORING**

Do You have a System To Monitor Water Temperatures?

During the last half of 2008, the monitoring of hot water temperatures in Group Homes and Day Programs was added to the Division's monitoring process. The Department of Health Services (DHS) requires that water temperatures should be maintained between 95° F and 120° F (R9-33-203).

To ensure proper water temperatures, Service Providers should have a policy or protocol to regularly check the water temperature in each Group Home and Day Program facility. The policy should include: a testing schedule, means to log the temperatures, calibration methods to check thermometers, checking anti-scalding devices (*if applicable*), clear procedures to eliminate the risk of burns to individuals if the water temperature is found too hot (turn off hot water, drain hot water, post signs, prohibit bathing), notification process to obtain immediate repairs/adjustments, and a process to relocate if the temperature cannot be brought into compliance within a reasonable timeframe.

The Program Monitoring Unit is required to notify the Department of Health Services (DHS) and the Office of Licensing, Certification and Regulation (OLCR) of all identified concerns.

Questions and Answers**Q. Who's responsibility is it to ensure the Risk Assessment is completed and in the Resident's file?**

A. The Support Coordinator/ISP Team are to develop or update the Risk Assessment annually. The Provider is ultimately responsible to ensure all required documents are in the Residential file per R6-6-807.A.

Q. Do Quarterly Behavior Modifying Medication Reviews need to be included under Medical Monitoring in the Individualized Needs List?

A. No. Quarterly Medication Reviews do not need to be listed on the Individualized Needs List (*see next question below*).

Q. Do quarterly/bi-annual routine medical appointments (podiatry, Depo-injections, dental, etc.) need to be listed under the Medical Monitoring component of the Individualized Needs List?

A. These appointments do not need to be included on the form. However, if a medication is prescribed and medical appointments are regularly required to ensure effectiveness (not for Quarterly Med. Reviews), then it would be required. Appointments for lab work (only) are not required unless there is a standing order with the lab or the agency holds the Rx. The form is generally used to document procedures, such as regular blood sugar tests, blood pressure, weights, etc. that are performed within the residential setting.

Q. Under the Medical Monitoring component can it simply state labs completed PRN?

A. Yes. PRN and/or as needed or requested by the Physician is sufficient and meets the intent of the rule (*see Q/A above*).

Q. Is the Developmental History component of the Medical History form required to be addressed if it is not applicable?

A. No. The component is only applicable for residents who are seventeen (17) years old and younger. For residents eighteen (18) years old and above, it may be left off of the form and/or does not have to be addressed if on the form.

Q. Does the fact that a resident wears disposable diapers or adult briefs need to be addressed on the Individualized Needs List?

A. Yes. It should be addressed under "Special Instructions or Other Individualized Health Care Routines". In addition the Service Provider must address a Monitoring Schedule as to how often the brief/diaper should be checked or if the person is independent at changing and if documentation of any checks are required to be completed.

Q. If a resident is self-medicating, should it be indicated in every annual ISP?

A. Yes. The annual Individual Support Plan (ISP) should stipulate the person is self-medicating and provide guidelines how the Resident is being monitored for compliance. In addition, the Service Provider's Policy must address the procedure on Self-Medicating Requirements.

Q. If the Physician/Nutritionist prescribes a special diet, what is required to be documented?

A. It is the Service Provider's responsibility to document specific guidelines for the diet and any monitoring requirements/instructions provided by the medical professional.

BEHAVIOR PLANS

Trending of program monitoring findings has indicated an increase in the number of violations within the Behavior Plan (BP) Domain. This article addresses some of the most common issues found throughout the State of Arizona.

Article IX and applicable Administrative Directives apply to individuals funded by the Division who are being administered Behavior Modifying Medications, including herbal supplements. On occasion, Behavior Modifying Medications are prescribed for medical reasons, such as migraine headaches, with no associated behavioral issues. The "key" here is that the person has a diagnosis of an associated behavioral concern. If this is the case, then the medication generally requires a Behavior Plan. Behavior Modifying Medications should be presented to the Program Review Committee (PRC) in your area for review. The PRC will determine if a Behavior Plan is required. The PRC should issue a written Disposition stating a Behavior Plan is or is not required, and the Service Provider will retain the documentation for future reference.

Behavior Plans are required to be reviewed annually unless special circumstances exist as outlined in Administrative Directive #106. It is the Service Provider's responsibility to ensure that the PRC is in receipt of the Behavior Plan within ninety (90) days of a new intervention or in sufficient time for a Review prior to expiration as listed on the PRC Disposition. Even though some areas provide notification, it is ultimately the Service Provider's responsibility.

Quarterly Behavior Modifying Medication Reviews are required by Rule. On occasion, the Behavioral Health Provider is unable to meet the Division's requirement. It is imperative that the service provider agency document any such occurrence verifying attempts to complete the Review within the required timeframe and the reason for any delay. If possible, obtain a letter/note from the Behavior Health Provider. The report of the Review must contain documentation that the frequency and intensity of the identified target behaviors were shared with the prescribing physician along with any occurrence of side effects. In addition, the report is the best place to document required notifications.

The PRC must be notified of a new or increased medication while the guardian must be notified of any changes. "If the individual is an adult who does not have a legally assigned guardian and the individual is present when the physician orders the dosage change, immediate notification is not applicable." If the guardian waives notification of medication changes, the waiver must be in writing, is good for one (1) year and must indicate the maximum dosage authorized by the guardian.

Informed Consent documentation is required prior to the administration of Behavior Modifying Medications. It must include the name of the medication, the purpose/benefits, and side effects/consequences of the medication. The document must be dated and signed by the individual or guardian (if assigned). If the dosage is included, it should include all components. If the dosage increases, a new Consent must be completed, unless the maximum dosage is included, and the new dosage does not exceed it. Consents are valid for one (1) year.

There are other circumstances that require a Behavior Plan. They include Forced Compliance, Response Cost, and the use of Protective Devices to prevent an individual from sustaining injury as a result of self-injurious behavior.

The PRC should also be notified annually of the following:

- All uses of electronic devices, such as, baby monitors and house alarms.
- The removal or locking of food or personal items.
- Restrictions on phone usage or mail.
- Restitution not part of a Behavior Plan.
- Restrictions from typical community activities.

When in doubt, contact the PRC Chairperson in your area.

WHAT IS A TOXIC SUBSTANCE?

Rule R6-6-806.R states "The licensee shall keep insecticides, poisonous materials, corrosives, and other hazardous substances in locked storage, unless specified in the consumer's ISPP and in areas away from where food and medications are stored and/or administered."

Below is a basic listing of toxic substances that, in their pure or industrial/commercial grade, are to be secured:

- Chlorine Bleach
- Chemical Disinfectants
- Iodine
- Ethyl Alcohol
- Hydrogen Peroxide
- Ammonia
- Acetone (*industrial cleaners & nail polish remover*)
- Arsenic, Diazinon, Dioxins (*pest control*)
- Ethylene, Propylene (*antifreeze*)
- Formaldehyde (*dry cleaning solution*)
- Creosote (*wood preservative*)
- Crankcase Oil
- Gasoline
- Hydraulic and Brake Fluid
- Kerosene
- Mercury
- Naphthalene (*moth balls*)
- Sodium Hydroxide (*drain and oven cleaner*)
- Tetrachlorethylene (*dry cleaning solution*)



DAY PROGRAM MONITORING

Over the past two years, the Division has been piloting monitoring tools designed specifically for Day Programs. A committee has finalized a tool and protocol for its use. The Division's Management Team will review the final draft in December 2008 for approval and implementation. Once approved, training for Service Providers on the new tool and expectations required by the Qualified Vendor Agreement and Article 15, Standards for Certification of Home Community Based Services Providers will be offered. STAY POSTED!!!

WHAT'S HAPPENING NOW?

The Program Monitoring Unit is revving up for Monitoring 2009

A workgroup composed of representatives from program monitors statewide and group home provider agencies have been working on developing a methodology and a weighting system to the regulatory references by domains. This will assist the monitors and the agency in determining what constitutes a systematic domain issue. This method should provide an objective criteria for all Service Providers and present a better overview of their agency's performance.

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